

**School District Name:** \_\_\_\_\_ **Career Cluster:** \_\_\_\_\_

<u>Course Titles</u>	<u>Type of Course</u>	<u>Teacher or Instructor</u>	<u>Grade Level</u>	<u># of Credits</u>
	Foundational CTE, Cluster Specific, Pathway Specific, and/or Academic			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### CRITERIA FOR PROGRAM APPROVAL

**1. CTE Teacher Certification** (Complete for each **CTE** teacher in the Career Cluster Program)

The teacher's name on certificate	_____	Home Phone #	_____
Expiration date of teacher's certificate	_____	Certification Area	_____
Teacher's E-Mail Address	_____	School Phone #	_____

The teacher's name on certificate	_____	Home Phone #	_____
Expiration date of teacher's certificate	_____	Certification Area	_____
Teacher's E-Mail Address	_____	School Phone #	_____

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*If the teacher is not endorsed in the area they are teaching a professional development plan must be developed and on file in OCTE.*

## 2. Professional Development

- ◆ Please indicate the areas of professional development that you are interested in attending.

<input type="checkbox"/>	Understanding By Design	<input type="checkbox"/>	Writing to Win/ 6 Plus 1/ Step Up to Writing
<input type="checkbox"/>	Senior Projects	<input type="checkbox"/>	Math in CTE
<input type="checkbox"/>	Teachers as Advisors	<input type="checkbox"/>	Internships
<input type="checkbox"/>	Assessment Training	<input type="checkbox"/>	Non-trad. Training
<input type="checkbox"/>	Career Cluster Content Training: Indicate type of training below (eg. Biofuels – ProStart)		
<hr/>			
<input type="checkbox"/>	Instructional Strategies: Indicate type of instructional strategies below:		
<hr/>			
<input type="checkbox"/>	Other (specify): Example: content training, technology training, advance degree and etc		
<hr/>			

## 3. Advisory Committee

- ◆ The program's advisory committee operates with a written work plan and meets a minimum of two times per year.

☐ Yes ☐ No

## 4. Program Improvement Process (PIP) Instruments and/or Annual Progress Reports

- ◆ PIP instrument and Action Plan for the current school year has been submitted.

☐ Yes ☐ No Date submitted

## 5. Data Collection

- ◆ The following Perkins III data for the prior school year (2006-2007) has been entered on the Perkins portal.  
Website: <https://www.state.sd.us/applications/DP42LaunchPad/Logon.aspx>

### State Use Only

Middle School Enrollment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
9-12 Grade Enrollment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
Prior Credits Data	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
VSA for Concentrator & Completers	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
Placement data for Completers	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
Special Populations data	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA

\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Superintendent, Principal  
or Multi-district Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by State Director of OCTE

### RETURN TO:

OCTE  
700 Governors Drive  
Pierre SD 57501-2291